

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT							
	DND	DEP	DND	DEP	DND	DEP						
1							31					
2							32					
3							33					
4							34					
5							35					
6							36					
7							37					
8							38					
9							39					
10							40					
11							41					
12							42					
13							43					
14							44					
15							45					
16	1						46					
17		1					47					
18		1					48					
19		1					49					
20		1					50					
21		1										
22		1										
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25	1											
26		1										
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46												
47												
48												
49												
50												
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	9						TOTAL DEP.					
TOTAL CLAIMS	11						TOTAL CLAIMS					